



Incident Report

Print Date/Time: 04/19/2016 09:34
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00007040

Incident Date/Time: 4/14/2016 6:15:12 PM
Location: MARKET PL / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (206) 395-4119
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19N1	SS0126-Hingtgen
19N2	SS0127-Adams

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	KIM, KEITH					
2	Driver	KIM, KEITH KWANG-HYUN				Male	11/02/1965
3	Driver	WHITE, RAYMOND JOSEPH				Male	03/05/1957

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/14/2016 : 18:16:32 SP0112 Narrative: CC ON MARKET EO LOC - WHI TOY PRIUS VS A MOTORHOME NON BLKG

16-00007040, 041416 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E534660**CASE # **2016-0007040**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **04** - **14** - **2016** **1815** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**SR 9 NE**BLOCK NO. ☒**100**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **MARKET PLACE**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 2064123753LAST NAME **WHITE JR**FIRST NAME **RAYMOND**MIDDLE
INITIAL **J**STREET
NEW ADDRESS **12617 108TH AVE NE**CITY **ARLINGTON**ST **WA**ZIP **982237574**

CDL

RESTRICTIONS **B**ENDORSEMENTS **L**DRIVER'S
LICENSE # **WHITERJ431DE**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **03** - **05** - **1957**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AZG3401**STATE **WA**VIN# **5B4MP67G033357450**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2003**MAKE **ITAS**MODEL **34D/MH**STYLE **CH**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

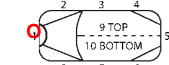
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **RAYMOND WHITE 12617 108TH AVE NE ARLINGTON WA 98223 D: 2064123753**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **USAA**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 2063954119LAST NAME **KIM**FIRST NAME **KEITH**MIDDLE
INITIAL **K**STREET
NEW ADDRESS **2521 85TH DR NE**CITY **LAKE STEVENS**ST **WA**ZIP **982586411**

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S
LICENSE # **KIM**KK357QB**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **11** - **02** - **1965**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USE **2**INJURY
CLASS **7**NATURE OF INJURIES
NECK/BACKLICENSE
PLATE # **ATC1255**STATE **WA**VIN# **JTDKN3DU1F0410601**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2015**MAKE **TOYT**MODEL **PRIUS**STYLE **4H**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

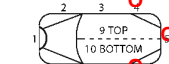
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **KEITH KIM 2521 85TH DR NE LAKE STEVENS WA 98258 D: 2063954119**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **OREGON MUTUAL WP 733458**VEHICLE
LEGALLY
STANDING YES ☒ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

M. HINGTEN

BADGE OR ID #

0126

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E534660**CASE # **2016-0007040**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #2 was stopped at the intersection of SR 9 and Market Place, yielding to the red traffic signal. Veh #1 was traveling north on SR 9 and was approaching Veh #2 at the controlled intersection. Veh #2 failed to slow the vehicle in time to avoid striking the stopped Veh #2. Veh #1's front of the vehicle impacted Veh #2 rear.

Veh #1 driver stated that he is unfamiliar with the large motorcoach because he had recently purchased it.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN		04-16-16 06:11 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY		PLACE SIGNED	
BOB SUMMERS 0079		4/17/2016 12:17:39 AM	
BADGE OR ID #	0126	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
6:16 PM		6:29 PM	

REPORT NO. E534660

CASE # 2016-0007040

DATE AND TIME
OF COLLISION 04/14/16 18:15

